

SEP 06 2001



Set 1

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D. C. 20590  
MAR 21 1984

00500  
SEED INTELLECTUAL PROPERTY LAW GROUP PLLC  
701 FIFTH AVE  
SUITE 6300  
SEATTLE, WA 98104-7092

## FORMALITIES LETTER



\*OC000000006290575\*

# NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

**Filing Date Granted**

- The statutory basic filing fee is missing.  
*Applicant must submit \$ 710 to complete the basic filing fee and/or file a small entity statement claiming such status (37 CFR 1.27).*
- Total additional claim fee(s) for this application is \$294.
  - \$54 for 3 total claims over 20.
  - \$240 for 3 independent claims over 3 .
- The oath or declaration is missing.  
*A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.*
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$130 for a non-small entity, must be submitted with the missing items identified in this letter
- **The balance due by applicant is \$ 1134.**

*A copy of this notice MUST be returned with the reply.*

Customer Service Center  
Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE

| DATE       | DESCRIPTION     | AMOUNT | BALANCE |
|------------|-----------------|--------|---------|
| 10-01-2017 | OPENING BALANCE | 100.00 | 100.00  |
| 10-05-2017 | PAYROLL         | 50.00  | 50.00   |
| 10-10-2017 | RENT            | 25.00  | 25.00   |
| 10-15-2017 | UTILITIES       | 10.00  | 15.00   |
| 10-20-2017 | SALES           | 75.00  | 90.00   |
| 10-25-2017 | PAYROLL         | 50.00  | 40.00   |
| 10-30-2017 | RENT            | 25.00  | 15.00   |
| 11-05-2017 | UTILITIES       | 10.00  | 5.00    |
| 11-10-2017 | SALES           | 80.00  | 85.00   |
| 11-15-2017 | PAYROLL         | 50.00  | 35.00   |
| 11-20-2017 | RENT            | 25.00  | 10.00   |
| 11-25-2017 | UTILITIES       | 10.00  | 0.00    |
| 12-01-2017 | CLOSING BALANCE | 0.00   | 0.00    |

Please type a plus sign (+) inside this box → ☒

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number

**TRANSMITTAL  
FORM***(To be used for all correspondence  
after initial filing)*


|                      |                    |
|----------------------|--------------------|
| Application Number   | 09/853,833         |
| Filing Date          | May 10, 2001       |
| First Named Inventor | Salvatore Leonardi |
| Group Art Unit       | 2811               |
| Examiner Name        |                    |
| Attorney Docket No.  | 856063.694         |

**ENCLOSURES (check all that apply)**

|   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Response<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement; Form PTO-1449<br><input type="checkbox"/> Cited References<br><input checked="" type="checkbox"/> Certified Copy of Priority Document(s)<br><input checked="" type="checkbox"/> Response to Missing Parts under 37 C.F.R. 1.52 or 1.53<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application | <input type="checkbox"/> Assignment Papers (for an Application)<br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Request for Corrected Filing Receipt<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input checked="" type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address<br><input checked="" type="checkbox"/> Declaration<br><input type="checkbox"/> Statement under 37 CFR 3.73(b)<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Small Entity Statement<br><input type="checkbox"/> Request for Refund | <input type="checkbox"/> CD(s), Number of CD(s) _____<br><input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Return Receipt Postcard<br><input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):<br><u>Copy of Notice to File Missing Parts</u><br><u>Application Data Sheet</u><br><br><br><br> |
|---|---|--|

Remarks

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|                 |                            |  |
|-----------------|----------------------------|--|
| Individual Name | E. Russell Tarleton        | <br><b>00500</b><br>PATENT TRADEMARK OFFICE |
| Signature       | <i>E. Russell Tarleton</i> |  |
| Date            | September 6, 2001          |  |

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on the date specified below.

|                       |  |       |
|-----------------------|--|-------|
| Typed or printed name |  |       |
| Signature             |  | Date: |

**FEE TRANSMITTAL  
for FY 2001**

Patent fees are subject to annual revision

**TOTAL AMOUNT OF PAYMENT (\$)** 1,134**Complete if Known**

Application Number **09/853,833**  
 Filing Date **May 10, 2001**  
 First Named Inventor **Salvatore Leonardi**  
 Examiner Name  
 Group Art Unit **2811**  
 Attorney Docket No **856063.694**

**METHOD OF PAYMENT**

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to

Deposit  
Account  
Number

19-1090

Deposit  
Account  
Name

Seed Intellectual Property Law Group PLLC

- ☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 and credit any overpayment to Deposit Account Number above

☐ Applicant claims small entity status See 37 CFR 1.27

2. ☒ Payment Enclosed

☒ Check ☐ Credit card ☐ Money Order ☐ Other

**FEE CALCULATION****1. BASIC FILING FEE**

| Large Entity |          | Small Entity |          | Fee Description        | Fee Paid |
|--------------|----------|--------------|----------|------------------------|----------|
| Fee Code     | Fee (\$) | Fee Code     | Fee (\$) |                        |          |
| 101          | 710      | 201          | 355      | Utility filing fee     | 710      |
| 106          | 320      | 206          | 160      | Design filing fee      |          |
| 107          | 490      | 207          | 245      | Plant filing fee       |          |
| 108          | 710      | 208          | 355      | Reissue filing fee     |          |
| 114          | 150      | 214          | 75       | Provisional filing fee |          |
| SUBTOTAL (1) |          |              |          |                        | (\$) 710 |

**2. EXTRA CLAIM FEES**

|                    |    | Extra Claims | Fee from below | Fee Paid |
|--------------------|----|--------------|----------------|----------|
| Total Claims       | 23 | -20** = 3    | X 18 =         | 54       |
| Independent Claims | 6  | -3** = 3     | X 80 =         | 240      |
| Multiple Dependent |    | X            |                | 0        |

| Large Entity |          | Small Entity |          | Fee Description  |
|--------------|----------|--------------|----------|--|
| Fee Code     | Fee (\$) | Fee Code     | Fee (\$) |  |
| 103          | 18       | 203          | 9        | Claims in excess of 20                                     |
| 102          | 80       | 202          | 40       | Independent claims in excess of 3                          |
| 104          | 270      | 204          | 135      | Multiple dependent claim, if not paid                      |
| 109          | 80       | 209          | 40       | ** Reissue independent claims over original patent         |
| 110          | 18       | 210          | 9        | ** Reissue claims in excess of 20 and over original patent |

SUBTOTAL (2) (\$) 294

\*\*or number previously paid if greater For Reissues, see above

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

| Large Entity |          | Small    |          | Fee Description  | Fee Paid |
|--------------|----------|----------|----------|--|----------|
| Fee Code     | Fee (\$) | Fee Code | Fee (\$) |  |          |
| 105          | 130      | 205      | 65       | Surcharge - late filing fee or oath  | 130      |
| 127          | 50       | 227      | 25       | Surcharge - late provisional filing fee or cover sheet                     |          |
| 139          | 130      | 139      | 130      | Non-English specification  |          |
| 147          | 2,520    | 147      | 2,520    | For filing a request for ex parte reexamination                            |          |
| 112          | 920*     | 112      | 920*     | Requesting publication of SIR prior to Examiner action                     |          |
| 113          | 1,840*   | 113      | 1,840*   | Requesting publication of SIR after Examiner action                        |          |
| 115          | 110      | 215      | 55       | Extension for reply within first month                                     |          |
| 116          | 390      | 216      | 195      | Extension for reply within second month                                    |          |
| 117          | 890      | 217      | 445      | Extension for reply within third month                                     |          |
| 118          | 1,390    | 218      | 695      | Extension for reply within fourth month                                    |          |
| 128          | 1,890    | 228      | 945      | Extension for reply within fifth month                                     |          |
| 119          | 310      | 219      | 155      | Notice of Appeal   |          |
| 120          | 310      | 220      | 155      | Filing a brief in support of an appeal                                     |          |
| 121          | 270      | 221      | 135      | Request for oral hearing   |          |
| 138          | 1,510    | 138      | 1,510    | Petition to institute a public use proceeding                              |          |
| 140          | 110      | 240      | 55       | Petition to revive - unavoidable   |          |
| 141          | 1,240    | 241      | 620      | Petition to revive - unintentional   |          |
| 142          | 1,240    | 242      | 620      | Utility issue fee (or reissue)   |          |
| 143          | 440      | 243      | 220      | Design issue fee   |          |
| 144          | 600      | 244      | 300      | Plant issue fee  |          |
| 122          | 130      | 122      | 130      | Petitions to the Commissioner  |          |
| 123          | 130      | 123      | 130      | Petitions related to provisional applications                              |          |
| 126          | 180      | 126      | 180      | Submission of Information Disclosure Stmt                                  |          |
| 581          | 40       | 581      | 40       | Recording each patent assignment per property (times number of properties) |          |
| 146          | 710      | 246      | 355      | Filing a submission after final rejection (37 CFR § 1.129(a))              |          |
| 149          | 710      | 249      | 355      | For each additional invention to be examined (37 CFR § 1.129(b))           |          |
| 179          | 710      | 279      | 355      | Request for Continued Examination (RCE)                                    |          |
| 169          | 900      | 169      | 900      | Request for expedited examination of a design application                  |          |

Other fee (specify) \_\_\_\_\_

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 130

**SUBMITTED BY**Name (Print/Type) **E. Russell Tarleton**Registration No  
Attorney/Agent)

31,800

Firm Name/  
Address

Signature

Date

September 6, 2001



00500

PATENT TRADEMARK OFFICE

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Salvatore Leonardi  
Application No. : 09/853,833  
Filed : May 10, 2001  
For : AN INTEGRATED DEVICE WITH A TRENCH ISOLATION  
STRUCTURE, AND FABRICATION PROCESS THEREFOR

Art Unit : 2811  
Docket No. : 856063.694  
Date : September 6, 2001

Box Missing Parts  
Commissioner for Patents  
Washington, DC 20231


RESPONSE TO NOTICE TO FILE MISSING PARTS OF APPLICATION

Commissioner for Patents:

In response to the Notice to File Missing Parts dated July 12, 2001, please find enclosed the following documents:

  X   Fee  
  X   Oath/Declaration and Power of Attorney  
  X   Copy of Notice to File Missing Parts  
      Sheets of Formal Drawings  
      Other \_\_\_\_\_

Respectfully submitted,  
Salvatore Leonardi  
Seed Intellectual Property Law Group PLLC

  
\_\_\_\_\_  
E. Russell Tarleton  
Registration No. 31,800

ERT:aep

SEP 2 2001

EXPRESS MAIL NO. EL897870313US

Approved for use through 10/31/2002 PTO/SB/17 (11-00)  
OMB 0651-0032**FEE TRANSMITTAL  
for FY 2001**


Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$) **1,134**

| Complete if Known    |                           |
|----------------------|---------------------------|
| Application Number   | <b>09/853,833</b>         |
| Filing Date          | <b>May 10, 2001</b>       |
| First Named Inventor | <b>Salvatore Leonardi</b> |
| Examiner Name        |                           |
| Group Art Unit       | <b>2811</b>               |
| Attorney Docket No   | <b>856063.694</b>         |

| METHOD OF PAYMENT   |              | FEE CALCULATION (continued)   |          |  |          |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |              |                |          |  |           |     |     |                    |     |   |    |                    |     |     |     |  |  |              |       |                 |          |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |              |    |                                  |  |     |          |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
|---|--------------|---|----------|--|----------|-----------------|----------|-----------------|----------|----------|----------|----------|----------|-----|-----|--------------------|-----|-------------------------------------|-----|-----|-----|-------------------|----|--|-----|-----|-----|------------------|-----|---------------------------|-----|-----|-------|--------------------|-------|--|-----|-----|------|------------------------|------|--|--|-----|--------|-----|----------|---|--|--------------|--------------|----------------|----------|--|-----------|-----|-----|--------------------|-----|---|----|--------------------|-----|-----|-----|--|--|--------------|-------|-----------------|----------|---|----------|----------|----------|-----|-----|--|---|------------------------|-----|-----|-----|------------------|----|-----------------------------------|-----|-----|-----|--|-----|---------------------------------------|-----|-----|-----|--------------------------|----|--|-------|-----|-------|---|---|--|-----|--------------|----|----------------------------------|--|-----|----------|-----|-----|------------------------------------|--|-----|-------|-----|-----|--------------------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|-----------------|--|-----|-----|-----|-----|-------------------------------|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|-----|----|-----|----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|
| <p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p> <p>Deposit Account Number <b>19-1090</b></p> <p>Deposit Account Name <b>Seed Intellectual Property Law Group PLLC</b></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 and credit any overpayment to Deposit Account Number above.</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>  |              | <p><b>3. ADDITIONAL FEES</b></p> <table border="1"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>105</td> <td>130</td> <td>205</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> <td>130</td> </tr> <tr> <td>127</td> <td>50</td> <td>227</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet</td> <td></td> </tr> <tr> <td>139</td> <td>130</td> <td>139</td> <td>130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>147</td> <td>2,520</td> <td>147</td> <td>2,520</td> <td>For filing a request for <i>ex parte</i> reexamination</td> <td></td> </tr> <tr> <td>112</td> <td>920*</td> <td>112</td> <td>920*</td> <td>Requesting publication of SIR prior to Examiner action</td> <td></td> </tr> <tr> <td>113</td> <td>1,840*</td> <td>113</td> <td>1,840*</td> <td>Requesting publication of SIR after Examiner action</td> <td></td> </tr> <tr> <td>115</td> <td>110</td> <td>215</td> <td>55</td> <td>Extension for reply within first month</td> <td></td> </tr> <tr> <td>116</td> <td>390</td> <td>216</td> <td>195</td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td>117</td> <td>890</td> <td>217</td> <td>445</td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td>118</td> <td>1,390</td> <td>218</td> <td>695</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>128</td> <td>1,890</td> <td>228</td> <td>945</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>119</td> <td>310</td> <td>219</td> <td>155</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>120</td> <td>310</td> <td>220</td> <td>155</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>121</td> <td>270</td> <td>221</td> <td>135</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>138</td> <td>1,510</td> <td>138</td> <td>1,510</td> <td>Petition to institute a public use proceeding</td> <td></td> </tr> <tr> <td>140</td> <td>110</td> <td>240</td> <td>55</td> <td>Petition to revive - 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| Large Entity  |              | Small   |          | Fee Description  | Fee Paid |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |              |                |          |  |           |     |     |                    |     |   |    |                    |     |     |     |  |  |              |       |                 |          |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |              |    |                                  |  |     |          |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| Fee Code  | Fee (\$)     | Fee Code  | Fee (\$) |  |          |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |              |                |          |  |           |     |     |                    |     |   |    |                    |     |     |     |  |  |              |       |                 |          |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |              |    |                                  |  |     |          |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 105   | 130          | 205   | 65       | Surcharge - late filing fee or oath  | 130      |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |              |                |          |  |           |     |     |                    |     |   |    |                    |     |     |     |  |  |              |       |                 |          |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |              |    |                                  |  |     |          |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 127   | 50           | 227   | 25       | Surcharge - late provisional filing fee or cover sheet                     |          |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |              |                |          |  |           |     |     |                    |     |   |    |                    |     |     |     |  |  |              |       |                 |          |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |              |    |                                  |  |     |          |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 139   | 130          | 139   | 130      | Non-English specification  |          |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |              |                |          |  |           |     |     |                    |     |   |    |                    |     |     |     |  |  |              |       |                 |          |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |              |    |                                  |  |     |          |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 147   | 2,520        | 147   | 2,520    | For filing a request for <i>ex parte</i> reexamination                     |          |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |              |                |          |  |           |     |     |                    |     |   |    |                    |     |     |     |  |  |              |       |                 |          |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |              |    |                                  |  |     |          |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 112   | 920*         | 112   | 920*     | Requesting publication of SIR prior to Examiner action                     |          |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |              |                |          |  |           |     |     |                    |     |   |    |                    |     |     |     |  |  |              |       |                 |          |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |              |    |                                  |  |     |          |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 113   | 1,840*       | 113   | 1,840*   | Requesting publication of SIR after Examiner action                        |          |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |              |                |          |  |           |     |     |                    |     |   |    |                    |     |     |     |  |  |              |       |                 |          |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |              |    |                                  |  |     |          |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 115   | 110          | 215   | 55       | Extension for reply within first month                                     |          |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |              |                |          |  |           |     |     |                    |     |   |    |                    |     |     |     |  |  |              |       |                 |          |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |              |    |                                  |  |     |          |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 116   | 390          | 216   | 195      | Extension for reply within second month                                    |          |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |              |                |          |  |           |     |     |                    |     |   |    |                    |     |     |     |  |  |              |       |                 |          |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |              |    |                                  |  |     |          |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 117   | 890          | 217   | 445      | Extension for reply within third month                                     |          |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |              |                |          |  |           |     |     |                    |     |   |    |                    |     |     |     |  |  |              |       |                 |          |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |              |    |                                  |  |     |          |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 118   | 1,390        | 218   | 695      | Extension for reply within fourth month                                    |          |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |              |                |          |  |           |     |     |                    |     |   |    |                    |     |     |     |  |  |              |       |                 |          |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |              |    |                                  |  |     |          |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 128   | 1,890        | 228   | 945      | Extension for reply within fifth month                                     |          |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |              |                |          |  |           |     |     |                    |     |   |    |                    |     |     |     |  |  |              |       |                 |          |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |              |    |                                  |  |     |          |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 119   | 310          | 219   | 155      | Notice of Appeal   |          |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |              |                |          |  |           |     |     |                    |     |   |    |                    |     |     |     |  |  |              |       |                 |          |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |              |    |                                  |  |     |          |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 120   | 310          | 220   | 155      | Filing a brief in support of an appeal                                     |          |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |              |                |          |  |           |     |     |                    |     |   |    |                    |     |     |     |  |  |              |       |                 |          |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |              |    |                                  |  |     |          |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 121   | 270          | 221   | 135      | Request for oral hearing   |          |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |              |                |          |  |           |     |     |                    |     |   |    |                    |     |     |     |  |  |              |       |                 |          |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |              |    |                                  |  |     |          |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 138   | 1,510        | 138   | 1,510    | Petition to institute a public use proceeding                              |          |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |              |                |          |  |           |     |     |                    |     |   |    |                    |     |     |     |  |  |              |       |                 |          |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |              |    |                                  |  |     |          |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 140   | 110          | 240   | 55       | Petition to revive - unavoidable   |          |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |              |                |          |  |           |     |     |                    |     |   |    |                    |     |     |     |  |  |              |       |                 |          |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |              |    |                                  |  |     |          |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 141   | 1,240        | 241   | 620      | Petition to revive - unintentional   |          |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |              |                |          |  |           |     |     |                    |     |   |    |                    |     |     |     |  |  |              |       |                 |          |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |              |    |                                  |  |     |          |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 142   | 1,240        | 242   | 620      | Utility issue fee (or reissue)   |          |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |              |                |          |  |           |     |     |                    |     |   |    |                    |     |     |     |  |  |              |       |                 |          |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |              |    |                                  |  |     |          |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 143   | 440          | 243   | 220      | Design issue fee   |          |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |              |                |          |  |           |     |     |                    |     |   |    |                    |     |     |     |  |  |              |       |                 |          |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |              |    |                                  |  |     |          |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 144   | 600          | 244   | 300      | Plant issue fee  |          |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |              |                |          |  |           |     |     |                    |     |   |    |                    |     |     |     |  |  |              |       |                 |          |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |              |    |                                  |  |     |          |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 122   | 130          | 122   | 130      | Petitions to the Commissioner  |          |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |              |                |          |  |           |     |     |                    |     |   |    |                    |     |     |     |  |  |              |       |                 |          |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |              |    |                                  |  |     |          |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 123   | 130          | 123   | 130      | Petitions related to provisional applications                              |          |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |              |                |          |  |           |     |     |                    |     |   |    |                    |     |     |     |  |  |              |       |                 |          |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |              |    |                                  |  |     |          |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 126   | 180          | 126   | 180      | Submission of Information Disclosure Stmt                                  |          |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |              |                |          |  |           |     |     |                    |     |   |    |                    |     |     |     |  |  |              |       |                 |          |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |              |    |                                  |  |     |          |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 581   | 40           | 581   | 40       | Recording each patent assignment per property (times number of properties) |          |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |              |                |          |  |           |     |     |                    |     |   |    |                    |     |     |     |  |  |              |       |                 |          |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |              |    |                                  |  |     |          |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 146   | 710          | 246   | 355      | Filing a submission after final rejection (37 CFR § 1.129(a))              |          |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |              |                |          |  |           |     |     |                    |     |   |    |                    |     |     |     |  |  |              |       |                 |          |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |              |    |                                  |  |     |          |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 149   | 710          | 249   | 355      | For each additional invention to be examined (37 CFR § 1.129(b))           |          |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |              |                |          |  |           |     |     |                    |     |   |    |                    |     |     |     |  |  |              |       |                 |          |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |              |    |                                  |  |     |          |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 179   | 710          | 279   | 355      | Request for Continued Examination (RCE)                                    |          |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |              |                |          |  |           |     |     |                    |     |   |    |                    |     |     |     |  |  |              |       |                 |          |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |              |    |                                  |  |     |          |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 169   | 900          | 169   | 900      | Request for expedited examination of a design application                  |          |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |              |                |          |  |           |     |     |                    |     |   |    |                    |     |     |     |  |  |              |       |                 |          |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |              |    |                                  |  |     |          |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| <p><b>FEE CALCULATION</b></p> <table border="1"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>101</td> <td>710</td> <td>201</td> <td>355</td> <td>Utility filing fee</td> <td>710</td> </tr> <tr> <td>106</td> <td>320</td> <td>206</td> <td>160</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>107</td> <td>490</td> <td>207</td> <td>245</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>108</td> <td>710</td> <td>208</td> <td>355</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>114</td> <td>150</td> <td>214</td> <td>75</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="5">SUBTOTAL (1)</td> <td>(\$ 710)</td> </tr> </tbody> </table> |              | Large Entity  |          | Small Entity   |          | Fee Description | Fee Paid | Fee Code        | Fee (\$) | Fee Code | Fee (\$) | 101      | 710      | 201 | 355 | Utility filing fee | 710 | 106                                 | 320 | 206 | 160 | Design filing fee |    | 107  | 490 | 207 | 245 | Plant filing fee |     | 108                       | 710 | 208 | 355   | Reissue filing fee |       | 114  | 150 | 214 | 75   | Provisional filing fee |      | SUBTOTAL (1)   |  |     |        |     | (\$ 710) | <p><b>2. EXTRA CLAIM FEES</b></p> <table border="1"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>23</td> <td>-20** = 3</td> <td>18</td> <td>54</td> </tr> <tr> <td>Independent Claims</td> <td>6</td> <td>-3** = 3</td> <td>80</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td>0</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>103</td> <td>18</td> <td>203</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>102</td> <td>80</td> <td>202</td> <td>40</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>104</td> <td>270</td> <td>204</td> <td>135</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>109</td> <td>80</td> <td>209</td> <td>40</td> <td>** Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>110</td> <td>18</td> <td>210</td> <td>9</td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="5">SUBTOTAL (2)</td> <td>(\$ 294)</td> </tr> </tbody> </table> <p>**or number previously paid, if greater. For Reissues, see above</p> |  | Total Claims | Extra Claims | Fee from below | Fee Paid | 23                                     | -20** = 3 | 18  | 54  | Independent Claims | 6   | -3** = 3                                | 80 | Multiple Dependent |     |     | 0   | Large Entity                           |  | Small Entity |       | Fee Description | Fee Paid | Fee Code                                | Fee (\$) | Fee Code | Fee (\$) | 103 | 18  | 203                                    | 9 | Claims in excess of 20 |     | 102 | 80  | 202              | 40 | Independent claims in excess of 3 |     | 104 | 270 | 204                                    | 135 | Multiple dependent claim, if not paid |     | 109 | 80  | 209                      | 40 | ** Reissue independent claims over original patent |       | 110 | 18    | 210   | 9 | ** Reissue claims in excess of 20 and over original patent |     | SUBTOTAL (2) |    |                                  |  |     | (\$ 294) |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| Large Entity  |              | Small Entity  |          | Fee Description  | Fee Paid |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |              |                |          |  |           |     |     |                    |     |   |    |                    |     |     |     |  |  |              |       |                 |          |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |              |    |                                  |  |     |          |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| Fee Code  | Fee (\$)     | Fee Code  | Fee (\$) |  |          |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |              |                |          |  |           |     |     |                    |     |   |    |                    |     |     |     |  |  |              |       |                 |          |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |              |    |                                  |  |     |          |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 101   | 710          | 201   | 355      | Utility filing fee   | 710      |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |              |                |          |  |           |     |     |                    |     |   |    |                    |     |     |     |  |  |              |       |                 |          |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |              |    |                                  |  |     |          |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 106   | 320          | 206   | 160      | Design filing fee  |          |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |              |                |          |  |           |     |     |                    |     |   |    |                    |     |     |     |  |  |              |       |                 |          |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |              |    |                                  |  |     |          |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 107   | 490          | 207   | 245      | Plant filing fee   |          |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |              |                |          |  |           |     |     |                    |     |   |    |                    |     |     |     |  |  |              |       |                 |          |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |              |    |                                  |  |     |          |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 108   | 710          | 208   | 355      | Reissue filing fee   |          |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |              |                |          |  |           |     |     |                    |     |   |    |                    |     |     |     |  |  |              |       |                 |          |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |              |    |                                  |  |     |          |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 114   | 150          | 214   | 75       | Provisional filing fee   |          |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |              |                |          |  |           |     |     |                    |     |   |    |                    |     |     |     |  |  |              |       |                 |          |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |              |    |                                  |  |     |          |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| SUBTOTAL (1)  |              |   |          |  | (\$ 710) |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |              |                |          |  |           |     |     |                    |     |   |    |                    |     |     |     |  |  |              |       |                 |          |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |              |    |                                  |  |     |          |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| Total Claims  | Extra Claims | Fee from below  | Fee Paid |  |          |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |              |                |          |  |           |     |     |                    |     |   |    |                    |     |     |     |  |  |              |       |                 |          |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |              |    |                                  |  |     |          |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 23  | -20** = 3    | 18  | 54       |  |          |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |              |                |          |  |           |     |     |                    |     |   |    |                    |     |     |     |  |  |              |       |                 |          |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |              |    |                                  |  |     |          |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| Independent Claims  | 6            | -3** = 3  | 80       |  |          |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |              |                |          |  |           |     |     |                    |     |   |    |                    |     |     |     |  |  |              |       |                 |          |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |              |    |                                  |  |     |          |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| Multiple Dependent  |              |   | 0        |  |          |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |              |                |          |  |           |     |     |                    |     |   |    |                    |     |     |     |  |  |              |       |                 |          |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |              |    |                                  |  |     |          |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| Large Entity  |              | Small Entity  |          | Fee Description  | Fee Paid |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |              |                |          |  |           |     |     |                    |     |   |    |                    |     |     |     |  |  |              |       |                 |          |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |              |    |                                  |  |     |          |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| Fee Code  | Fee (\$)     | Fee Code  | Fee (\$) |  |          |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |              |                |          |  |           |     |     |                    |     |   |    |                    |     |     |     |  |  |              |       |                 |          |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |              |    |                                  |  |     |          |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 103   | 18           | 203   | 9        | Claims in excess of 20   |          |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |              |                |          |  |           |     |     |                    |     |   |    |                    |     |     |     |  |  |              |       |                 |          |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |              |    |                                  |  |     |          |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 102   | 80           | 202   | 40       | Independent claims in excess of 3  |          |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |              |                |          |  |           |     |     |                    |     |   |    |                    |     |     |     |  |  |              |       |                 |          |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |              |    |                                  |  |     |          |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 104   | 270          | 204   | 135      | Multiple dependent claim, if not paid                                      |          |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |              |                |          |  |           |     |     |                    |     |   |    |                    |     |     |     |  |  |              |       |                 |          |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |              |    |                                  |  |     |          |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 109   | 80           | 209   | 40       | ** Reissue independent claims over original patent                         |          |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |              |                |          |  |           |     |     |                    |     |   |    |                    |     |     |     |  |  |              |       |                 |          |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |              |    |                                  |  |     |          |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 110   | 18           | 210   | 9        | ** Reissue claims in excess of 20 and over original patent                 |          |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |              |                |          |  |           |     |     |                    |     |   |    |                    |     |     |     |  |  |              |       |                 |          |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |              |    |                                  |  |     |          |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| SUBTOTAL (2)  |              |   |          |  | (\$ 294) |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |              |                |          |  |           |     |     |                    |     |   |    |                    |     |     |     |  |  |              |       |                 |          |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |              |    |                                  |  |     |          |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |

| SUBMITTED BY      |                            |                  |                          |
|-------------------|----------------------------|------------------|--------------------------|
| Name (Print/Type) | <b>E. Russell Tarleton</b> | Registration No. | <b>31,800</b>            |
| Firm Name/Address |                            | Attorney/Agent   |                          |
| Signature         | <i>E. Russell Tarleton</i> | Date             | <b>September 6, 2001</b> |

  
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